

FILED AUG 1 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25971

1. PLACE OF DEATH

County Reynolds
Township Centerville
City Centerville

Registration District No. 749
Primary Registration District No. 598X

File No. 1
Registered No. 1
St. Mo. Ward 1

2. FULL NAME

Mathis Carter

(a) Residence, No. 1 St. Mo. Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beers Carter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3, 1889

7. AGE YEARS 51 MONTHS 9 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wm.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Reynolds Co Mo
(STATE OR COUNTRY)

13. NAME Tom Hendrix

14. BIRTHPLACE (CITY OR TOWN) Indianapolis
(STATE OR COUNTRY)

15. MAIDEN NAME Sarah Cook

16. BIRTHPLACE (CITY OR TOWN) Centerville Mo
(STATE OR COUNTRY)

17. INFORMANT Ogil Carter
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hill Cemetery DATE June 18, 1941

19. UNDERTAKER Reynolds Co
(ADDRESS)

20. FILED 6/19/41 19 41 E. M. Fitzpatrick
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1941

22. I HEREBY CERTIFY (that I attended deceased from was unattended, 19 1941)

I last saw him alive on June 18, 1941 Death is said to have occurred on the date stated above, at 1:28 p.m.

The principal cause of death and related causes of importance were as follows:

Cephaloxia Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19 1941

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. M. Fitzpatrick M. D.

(Address) Centerville Mo

RECEIVED

District Health Officer No. 5,

District File Number 7411821

Octo Filed

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25-971

Registration District No. 749

Primary Registration District No. 5984

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town Lester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Mattie Carter
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 6/19/41 (b) E. H. G. Patrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(b) State Missouri (b) County Reynolds
(c) City or town Rural Lester
(If outside city or town limits, write "RURAL")
(d) Street No. 2 mi E of Lester
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1941 M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____ Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

